

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 437Registered No. 484

## 1. PLACE OF BIRTH

County Municipal State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Phoenix No. Dr. Joseph Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)2. Full name of child Charles Herbert Robson

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other.

## 6. Legitimate

## 7. Date

Male

## 5. No., in order of birth.

Yesof birth Mar 23/1931  
Month Day Year

## 8.

## FATHER

## Full Name

Ray Robson

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

573 W 6th St.

## 10. Color or race

## 11. Age at last birthday (Years)

W25

## 12. Birthplace (city or place)

(State or country)

Kentucky

## 18. Occupation

Name of Industry

Mechanic

## 14.

## MOTHER

## Full maiden name

Anna Litsch

## 16. Residence

(Usual place of abode)

If non-resident, give place and state.

Same

## 16. Color or race

W

## 17. Age at last birthday (Years)

20

## 18. Birthplace (city or place)

State or country

Kansas

## 19. Occupation

Nature of Industry.

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

## 21. Were precautions taken against ophthalmia neonatorum?

Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 445 a on the date above stated.  
(Born alive or stillborn)

Signature

D. L. Lumsden

(Physician or midwife)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give name added from  
a supplemental report

Month, day, year

Address

306 Goodrich Pl

Filed

3-26-31

Registrar.

Registrar.

395-323-132